



Frisko Down Payment Assistance Program

First Time Homebuyer Application

APPLICANT NAME: _____

Current Address: _____

City, State, Zip Code: _____

Home Phone # _____ **Alternate Phone #** _____

HOUSEHOLD COMPOSITION:

List the head of household and all other members who will be living in the unit. Provide the relationship of each family member to head of household.

Member(s) Full Name(s)	Relationship	Birth Date	Age	Sex	Social Security Number

Head of Household. Please check (☑) – Optional

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaska Native & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African & White |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Other Multi Racial | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaska Native & Black/African American | |

HOUSEHOLD INCOME:

Report the income for all household members. This includes earned income such as wages, salaries, and tips. Include benefit income such as social security, AFDC, retirement, Also include investments such as interest on savings account.

Family Member	Type of Income	Annual Amount

Name of family member employed within the city limits of Frisco:

FRISCO EMPLOYERS NAME: _____

Address: _____

City, State, Zip Code: _____

Supervisor Name & Phone # _____

Date of hire: _____ **Total time employed** _____ yrs _____ mos

Amount of Loan Approval: _____

ASSETS:

List all checking, savings and money market accounts, retirement accounts, and Certificates of Deposit of all household members.

Family Member	Bank/Broker	Account Number	Current Balance

Please note the amount of personal funds applicant commits to the purchase: \$ _____

Will applicant be purchasing a new or pre-owned home? _____

PROPERTY:

☐ Yes ☐ No Do you own any real property?

If YES, what is its current market value? \$ _____

If you have a mortgage on the property, what is the current balance owed? \$ _____

EXPENSES:**Child Care**

☐ Yes ☐ No Do you have child care expenses for a child age 12 or under?

If YES, please provide the name, address, and telephone number of the care provider:

Weekly Child Care Cost: \$ _____

Families with Handicapped Members

☐ Yes ☐ No Do you pay a live-in aide or for any equipment for any handicapped member(s) of the family that enables that person or someone else to work?
If YES, please provide the name, address, and telephone number of the care provider:

Weekly Cost: \$ _____

Answer the following questions only if the Head of Household or Spouse is 62 years of age or older, OR is an individual with a handicap(s):

Medicare

☐ Yes ☐ No Do you have Medicare? If YES, what is your monthly premium?
Monthly Cost: \$ _____

Insurance

☐ Yes ☐ No Do you have any other type of medical insurance? If YES, please provide the name, address of the carrier, the policy number, and the premium amount:
Name of Carrier: _____
Address: _____
Policy Number _____
Monthly Premium Amount: \$ _____

Medical Expenses☐ Yes ☐ No

Do you have any outstanding medical bills? If YES, list them below.

Monthly Medical Expenses \$

APPLICATION CERTIFICATION:

I/We understand that the above information is being collected to determine if I/We are eligible to receive housing assistance. I/We authorize the Participating Jurisdiction to verify all information provided on this application.

Head of Household Signature/ Date	Spouse Signature/Date
x _____ Date: _____	x _____ Date: _____